## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

## RECEIVED

SEP 03 2015 CAA

9-3-15
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

MIKELL D. LONIELLO, JR			
	FILED		
	12/15/2015		
(Enter above the full name of the plaintiff or plaintiffs in	THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT		
this action)	15cv7832		
vs.	( Judge Shares		
STATEVILLE COTTECTIONAL CENTER	Magistrate Judge Daniel G. Martin		
WARden Tarry williams,			
ASSISTANT WARDEN, LAMB,			
medical Director, OBAISI,			
Wexford HEAHITSENICES INC.			
(Enter above the full name of ALL defendants in this action. Do not use "et al.")			
CHECK ONE ONLY:			
COMPLAINT UNDER THUS. Code (state, county, or	COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 U.S. Code (state, county, or municipal defendants)		
COMPLAINT UNDER TH	COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE 28 SECTION 1331 U.S. Code (federal defendants)		
OTHER (cite statute, if kno	own)		
DEEODE EIL I DIC OUT TIME COLOR			

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

РΗ

A. Name: Mickly D. Londollo JR.  B. List all aliases:  C. Prisoner identification number: #M-01174  D. Place of present confinement: Stateville Corrects	54
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D. Place of present confinement: StateVIIIe Correct	54
D. Place of present confinement: StateVIIIe, Correct	54
·	54
E. Address: POBOX 112, Soliet IL, 1043	
(If there is more than one plaintiff, then each plaintiff must list his number, place of confinement, and current address according separate sheet of paper.)	s or her name, aliases, I.D to the above format on a
Defendant(s):  (In A below, place the full name of the first defendant in the first blank, his or her office position in the second blank, and his or her place of employment in the third blank. Specific two additional defendants is provided in B and C.)	
A. Defendant: JAMY WILLIAMS	
Title: WArded Chief administrative office	2
Place of Employment: StateVIIL Corrections	
B. Defendant: AssistAnt Warden LAMB	,
Title: Assistant warden	
Place of Employment: Stateville Correctional	. Center
C. Defendant: DR, OBAISI, M.D.	
Title: MEDICAL DIVECTOR	
Place of Employment: Stateville Corrections	L Center
(If you have more than three defendants, then all additional de according to the above format on a separate sheet of paper.)	

III.	List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:		
	Α	Name of case and docket number: MICKLYD. Longello JR. Ton Dort, etc, et Al, 15-c 3023	
	B.	Approximate date of filing lawsuit: April 27, 2015	
	C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:  MICHELLE LENIELLO JR,	
	D.	List all defendants: Tom Dark County Sherff, Cook County ordical personel At Cermak Hospital, Manch waknown At this time, Still AWAHING DISCOVERY Certaining to names,	
	E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \( \int \text{Not} \text{State} \) \(	
	F.	Name of judge to whom case was assigned: Homabil, Judge SHAROJ Johnson, Coleman	
	G.	Basic claim made: InAloute redicu + OAtnert'3, Diety	
	Н.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):	
	I.	Approximate date of disposition: Dont Know At this time,	

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

(Defendant:s)
(4) In his Official Capacity, Tarry Williams
The warden and their administrative officer At
Stateville Correctional Center On 6-17-15.
Exhibit A, A Inmate Grigiance was Addressed
To warden Tarry williams As An emergency
pertaining to my medical condition. The
(Chief Administrative officer Wardens Behavior to
Choose not to Act or Investigate Plaintiffs Condition
which Assists the Concealment Attitudes And Caused
Certain Enviorments, Additionally Defendants Behavior
Contributes to 10 ver All lesults to DIAINFIFF'S
Conditions worsening to the extent of a
"Madatory" operation on plaintiffs eye,
5) In his Official Capacity, Asistait Warden Lang
Plaintitt spoke Directly to Defendant during his
Cell house founds, Plaintiff Spoke About "Not"
being treated by medical personer, and his
waterated Condition worsening. Also About
Not recieving any responses to his Inmate
Gnevances, Only to be told by the Defendant

Its "not his problem, to Continue to try to write "Sick call"
which Powest Slips, and grevances, The Defendants failure
To Act According on behalf of plaintiff, Contributed to
The Continued pain, As he observes his Condition was ening!
And led to Surgery to plaintiff's eye,

(p) In his official Capacity: modical Director Obabi,

The medical Director for westood Health Services Inc., And

Stateville Correctional Center He is responsible for (Mines)

Medical Director Sick Calls, And the overall Descisions

Of All divise practioners, plaintiff sent multiple regulest

to Director obabil to "no" AVAIL, Plaintiff was not

Aknowledged by reducal Director, he has the Knowledge

That was relded to futhermore prevent the plaintiffs

Condition, And Adrowthy Tdentify a Diagnosis.

To his their professional (Apacity, J.Doe, RN As An employed)

(Apacity, J.Doe, RN As An employed)

(Acu) The Jalony Due to Bacteria, J.Doe, did little to

Investigate the Situation and Assert A proper Soulution,

This In-Advisate medical Attention led to plantiff's—

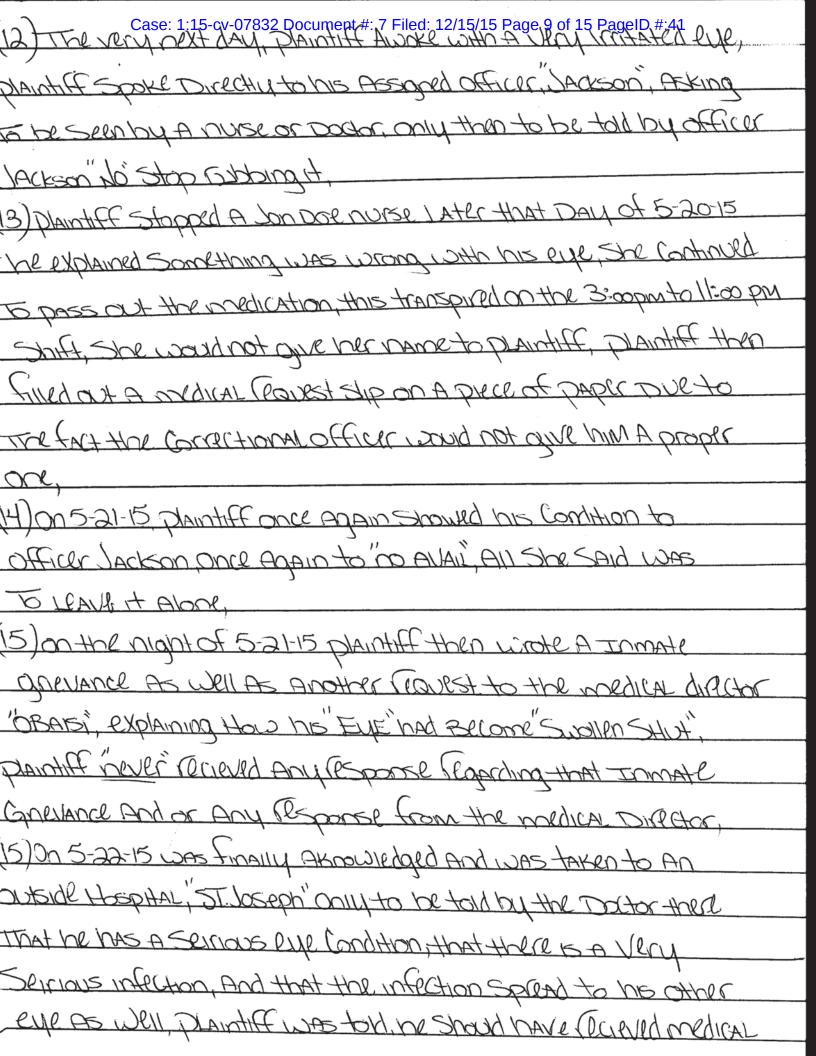
Inlury, Due to this inlury And pror plan of Action

To remedy plaintiff's Chronic Condition, the Sought "All"

Proper medical Sick CAII procedures to 10 Avail.

(50+5)

Case: 1:15-cv-07832 Document #: 7 Filed: 12/15/15 Page 8 of 15 PageID #:40 8) TO her professional Capacity Correctional Officer Jackson, On 5-20-15 Plaintiff Informed Correctional Officer Jackson that Plaintiff was suffering some type of Irritation In his eye, Defendant Jackson then Stated To Plaintiff its Just Ped From Gubbing H. Defendant JACKSON IS NOT A CERTIFIED | REgistery reside to make Any Decision's Pertaining to Any medical Condition's by Defendant Jackson's I've Arvice, led to plaintiff's Condition to worsen, Defendant Jakson Deliberatly "Did not" Contact Any medical personel to Assest This Situation, ( +ACTUAL AllegAtion's:) 9) PLANTIFF MICKEY D. LONIEllo JR. Here After mentioned " AS MICKEYD. LONICITO, JR, IS AND WAS AT All times mentioned here, was and is a Inmate In the State of Illims DEPARTMENT OF CONTECTIONS STATEWILL CONFECTIONAL CONTROL CONTRACTION 10) Mickey D. Loniello JR. 15 Detained under I.O.O.C. JAIL Number I.D.O.C#M-01174 Since 5-19-15, 1) ON 5-19-15 PLAINTIFF MICKEY D. LONIELLO ENTERO THE STATEVILLE N.R.C. (ecreving center, upon his Arrival the plaintiff Cocyall) A Bed Fall, Consisting of a Dirty, Sheet, BLANKET, ect PLAINTIFF Spoke to Correctional Officer Jackson And stred for Another Sheet And Branket only to be Told it there is nothing to the some about it,



Continued)
15 Attention and that he could have lost complete
Eyesight to Both eyes Due to the LACK OF
medical Attention,

(16) On 5-26-15 Plaintiff was again 5ent to An
Outside Hospital "ST booph" and was evaluated
by a physisian there and was prescribed a medication
for both of the eyes,

(7) On 6-5-15 PLAINTIFF WOTE ANOTHER GREVANCE PERFAMING

TO his health Condition, And was Denied As A emergency,

This neglagence by the Unief Administrator Officer

leaves plantiff exposed to prolonged pain-Suffering.

This is Inadequate medical treatment, and Deliberate
This is Inadequate medical treatment, and Deliberate-

(18) warden Tarry williams, Is not A licensed practical hurse, therefor he is not Allowed to make Decisions pertaining to medical Issues, Due to his response To partiff grevance, not A emergency, It caused solver Damage to plantiff eye, his Deliberate-Reckless Indifference Caised plantiff to Suffer

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ν.	Relief:		
	State briefly exactly what you want the court to do for yo	ou. Make no legal arguments.	Cite

no cases or statutes.

(19) A Declaration that the acts and omissions Described Verein Violated Plaintiffs
(19ths under the Constitution And the Law of the United States.
(20) Compensation of Damages in the Amount this Homerable Court

See's Just, Against each Teremants Jointly and Severally
(21) Puniture Damages on the Amount to be Determined at that
(22) A Juny that On All Tosues thable by Juny.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 29 day of 8, 20/5

Medic Described
(Signature of plaintiff or plaintiffs)

Mickey Device of the (Print name)

Moll74

(I.D. Number)

Stateville Correctional Center

P.OB on 112

Solvet De Googs
(Address)

Case: 1:15-cv-07832 Document #: 7 Filed: 12/15/15 Page 13 of 15 ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE ID# Offender: (Please Print) Mickey GRIEVANCE OFFICE Facility where grievance Present Facility: issue occurred: NATURE OF GRIEVANCE: ☐ ADA Disability Accommodation Personal Property ☐ Mail Handling ☐ Restoration of Good Time Medical Treatment ☐ Staff Conduct □ Dietary ☐ Transfer Denial by Transfer Coordinator ☐ Transfer Denial by Facility ☐ Disciplinary Report: \_ Facility where issued Date of Report Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Note: Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief - Administrative Officer. Summary of Grievance (Provide information including a description of what happened, when for each person involved): Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. (Continue on reverse side if necessary) Counselor's Response (if applicable) Date Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Received: ☐ Send directly to Grievance Officer Springfield, IL 62794-9277 Response: Print Counselor's Name Counselor's Signature Date of Response

	EMERGENCY REVIEW	
Date Received: 6 1/7 1/5	Is this determined to be of an emergency nature?	Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance
1	91/m	in the normal manner.
Chief Admin	istrative Officer's Signature	6 1/1/5 Date

Distribution: Master File; Offender DOC 0046 (8/2012)

UUT

Case: 1:15-cv-07832 Document #: 7 Filed: 12/15/15 Page 15 of 15 PageID #:47 Magistrate Judge Daniel G. Martin PC4 Judge Sharon Johnson Coleman 15cv7832 Thisoner Correspondence clerk's office U.S. District court 219 So. Dentornstreet Chienso, Il 60604 STAte Wille Correctional Center MOII74 Legal MAI 100 W J D. O BOX 112 50 [1et It 60434 SOI2 SEB -3 BW 15: 21